

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001543

**Entity Name:** FLORIDA BLUEBIRD SOCIETY, INC.

**Current Principal Place of Business:**

3540 CAROLINE BLVD  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

P.O. BOX 532  
PENNEY FARMS , FL 32079 US

**FEI Number: 80-0358854**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES, FAITH B  
3540 CAROLINE AVE  
GREEN COVE SPRINGS, FL 32034 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title TD  
Name JONES, FAITH B  
Address PO BOX 532  
City-State-Zip: PENNEY FARMS FL 32079

Title DIRECTOR  
Name OVERMYER, PAMELA  
Address 5452 RUSHMORE  
City-State-Zip: PANAMA CITY FL 32404

Title PRESIDENT  
Name HEINRICH, JOANNE  
Address 12930 LONGVIEW CR  
City-State-Zip: JACKSONVILLE FL 32223

Title VP  
Name NICHOLS, JAMES  
Address 5 WALTER PLACE  
City-State-Zip: PALM COAST FL 32164

Title SECRETARY  
Name BOTTERBUSCH, HOPE  
Address 1826 WEBSTER GROVE DR  
City-State-Zip: HUDSON FL 34667

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FAITH JONES**

**TREASURER**

**01/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date